

## STATE OF MAINE BUREAU OF HEALTH Radiation Control Program RADIOGRAPHER QUALIFICATION

INSTRUCTIONS: This form complies with the license requirements of Part E of the State of Maine Rules Relating to Radiation Protection (SMRRRP). Complete <u>all</u> sections. Incomplete or incorrect forms will be returned. Mail the completed form to: Radiation Control Program, 11 State House Station, Augusta, Maine, 04333-0011. Telephone: (207) 287-5676; Facsimile (207) 287-3059; www.maineradiationcontrol.org.

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1. 1	THIS IS AN APPLICATION FOR				
	Radioactive Materials	X-Ray	Both: X-ray/l	RAM	
l:	PERSONAL DATA				
ļ	Full Name: Last	First	Mid	ddle	
Date of Birth: (MM/DD/YY)		Social Security/I	Social Security/ID Number:		
	,				
II:	ON-THE-JOB TRAINING (OJT) Use Form HHE-854 to document at least 2 months (40 working days) for radioactive materials				
	E.16.B(1).	(10	g days, is: iddieds		
III:	ADDITIONAL QUALIFICATION REQUIREMENTS:				
	If currently working for a radiography company, you must complete this section, and the RSO mu				
	this form.				
Company Name:			Company License No:		
Co	Mailing Address:				
00.	Mailing Address: Street	City	State	Zip	
Suc	cessfully completed a 40-hour	course on:	location:		
		(MM/DD/YY)			
Cor	npleted written or oral exam giv	en by licensee/registrant as r	per F 16 D on:		
00.	mprotod militari or ordi oxam giv	on by hoonedo, ogionam ac p	(M	M/DD/YY)	
Der	nonstrated competence using t	his company's sources of rac	liation on (as per E.16.D):		
	-			(MM/DD/YY)	
IV:	CERTIFICATION:				
	I certify that the above information is correct to the best of my knowledge.				
	Signature of Radiographer Ap	plicant	Signature of RSO		
			-		
	Date		Printed or Typed Name o	f RSO	